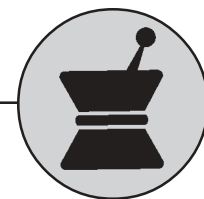


PRESCRIPTION DRUG PLAN - 2008



Administered by Caremark (formerly Pharmicare) • 1-888-347-5329 • www.pharmacare.com

Retail Pharmacy Deductible

\$100/Member
\$300/Family

Mail Order Pharmacy Deductible

\$0/Member
\$0/Family

Out-of-Pocket Maximums

Each Prescription \$250
Each Member \$1,400/year
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$25 If Rx cost is \$25+	• Actual pharmacy charges • 20% coinsurance (\$25 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$40 If Rx cost is \$40+	• Actual pharmacy charges • 40% coinsurance (\$40 minimum)	• \$60 copay + 40% of cost over \$400*

* For prescriptions costing more than \$400 for a 90-day supply, call Caremark to determine the total out-of-pocket cost.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Prescription Drug Plan is a benefit for all state employees, retirees, and COBRA members and their eligible dependents. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply). Members who use maintenance medications can experience significant savings by utilizing a mail order pharmacy.

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family annual deductible. If you use a

pharmacy in the Caremark Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 31 - 33 of this booklet or on the Caremark website at www.pharmacare.com.

Formulary drug listings can also be found at the Caremark website or on the Health Care and Benefits website at www.benefits.mt.gov.

Mail Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail order pharmacies are: Caremark Mail Service Pharmacy (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail order forms are available at Health Care and Benefits Division or at the Caremark website at www.pharmacare.com.

PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs. Generic and brand-named drugs which are on the formulary list (available at www.benefits.mt.gov) are lower in cost than the brand name alternatives which are not on the formulary listing.

PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact Caremark at 1-888-347-5329 to inquire if this may apply to your prescription.

COVERAGE REMINDER

Coverage for Proton Pump Inhibitors (PPI) such as Aciphex, Nexium, Prevacid and Protonix are available under the prescription drug plan as long as they are filled at a retail pharmacy. Because of the availability of an over-the-counter alternative (Prilosec and its generic Omeprazole), PPI drugs are not available through the mail order facilities.